PTO-1390 (Rev 07-2005)
Approved for use through 3/31/2007. OMB 0651-0021
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                        | ANSMITTAL LETTER TO                                                                                                                                               | ATTORNEY'S DOCKET NUMBER P19317-US2          |                                                 |  |  |  |  |  |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|--|--|--|--|--|
| DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371       |                                                                                                                                                                   |                                              | U.S. APPLICATION NO. (If known, see 37 CFR 1.5) |  |  |  |  |  |
|                                                                                        | IONAL APPLICATION NO.                                                                                                                                             | Not yet known PRIORITY DATE CLAIMED          |                                                 |  |  |  |  |  |
|                                                                                        | PCT/SE2004/001735                                                                                                                                                 | November 24, 2004                            | November 24, 2004                               |  |  |  |  |  |
| TITLE OF INVENTION<br>NETWORK MOBILITY SUPPORT AND ACCESS CONTROL FOR MOVABLE NETWORKS |                                                                                                                                                                   |                                              |                                                 |  |  |  |  |  |
| APPLICANT(s) FOR DO/EO/US<br>Johnson Oyama, et al                                      |                                                                                                                                                                   |                                              |                                                 |  |  |  |  |  |
| Applicant                                                                              | herewith submits to the United Sta                                                                                                                                | ites Designated/Elected Office (DO/EO        | /US) the following items and other information: |  |  |  |  |  |
| 1. 🗹 T                                                                                 | This is a FIRST submission of items concerning a submission under 35 U.S.C. 371.                                                                                  |                                              |                                                 |  |  |  |  |  |
| 2. T                                                                                   | This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371.                                                                   |                                              |                                                 |  |  |  |  |  |
| з. ☑ т                                                                                 | This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. |                                              |                                                 |  |  |  |  |  |
| 4. 🗹 T                                                                                 | he US has been elected (Article 31).                                                                                                                              |                                              |                                                 |  |  |  |  |  |
| 5. 🗸                                                                                   | A copy of the International Application                                                                                                                           | as filed (35 U.S.C. 371(c)(2))               |                                                 |  |  |  |  |  |
|                                                                                        | is attached hereto (required only if not communicated by the International Bureau),                                                                               |                                              |                                                 |  |  |  |  |  |
|                                                                                        | b. As been communicated by the International Bureau. (courtesy copy of enclosed)                                                                                  |                                              |                                                 |  |  |  |  |  |
|                                                                                        | c. is not required, as the application was filed in the United States Receiving Office (RO/US).                                                                   |                                              |                                                 |  |  |  |  |  |
| 6.                                                                                     | An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).                                                                  |                                              |                                                 |  |  |  |  |  |
|                                                                                        | a. is attached hereto.                                                                                                                                            |                                              |                                                 |  |  |  |  |  |
|                                                                                        | b. has been previously submitted under 35 U.S.C. 154(d)(4).                                                                                                       |                                              |                                                 |  |  |  |  |  |
| 7. 📖                                                                                   | Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))                                                              |                                              |                                                 |  |  |  |  |  |
|                                                                                        | a.  are attached hereto (required only if not communicated by the International Bureau).                                                                          |                                              |                                                 |  |  |  |  |  |
|                                                                                        | b. have been communicated by the International Bureau.                                                                                                            |                                              |                                                 |  |  |  |  |  |
|                                                                                        | c. have not been made; however, the time limit for making such amendments has NOT expired.                                                                        |                                              |                                                 |  |  |  |  |  |
|                                                                                        | d. have not been made and will not be made.                                                                                                                       |                                              |                                                 |  |  |  |  |  |
| 8. 🗀                                                                                   | An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).                                                       |                                              |                                                 |  |  |  |  |  |
| 9. [上]                                                                                 | An eath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). (Combined Declaration and Power of Attorney)                                                     |                                              |                                                 |  |  |  |  |  |
|                                                                                        | An English language translation of the<br>Article 36 (35 U.S.C. 371(c)(5)).                                                                                       | annexes of the International Preliminary Ex  | camination Report under PCT                     |  |  |  |  |  |
| Items 1                                                                                | 11 to 20 below concern document(s)                                                                                                                                | or information included:                     |                                                 |  |  |  |  |  |
| 11. 🔽                                                                                  | An Information Disclosure Statement                                                                                                                               | under 37 CFR 1.97 and 1.98.                  |                                                 |  |  |  |  |  |
| 12. 🔲                                                                                  | An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.                                                 |                                              |                                                 |  |  |  |  |  |
| 13. 🔽                                                                                  | A preliminary amendment.                                                                                                                                          |                                              |                                                 |  |  |  |  |  |
| 14. 📙                                                                                  | An Application Data Sheet under 37 CFR 1.76.                                                                                                                      |                                              |                                                 |  |  |  |  |  |
| 15. 🔲                                                                                  | A substitute specification,                                                                                                                                       |                                              |                                                 |  |  |  |  |  |
| 16. 🗀                                                                                  | A power of attorney and/or change of address letter.                                                                                                              |                                              |                                                 |  |  |  |  |  |
| 17. 🔲                                                                                  | A computer-readable form of the sequence listing in accordance with PCT Rule 13 <i>ter.</i> 2 and 37 CFR 1.821- 1.825.                                            |                                              |                                                 |  |  |  |  |  |
| 18. 🔲                                                                                  | A second copy of the published Interna                                                                                                                            | ational Application under 35 U.S.C. 154(d)(4 | 4).                                             |  |  |  |  |  |
| 19. 🔲 .                                                                                | A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).                                                     |                                              |                                                 |  |  |  |  |  |

This collection of information is required by 37 CFR 1414 and 1 491-1 492. The information is required to obtain or retain a benefit by the public which is to fire (and by the USPTO to process) an application Confidentality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 114. This collection is estimated to take 15 immunes to completed from the USPTO time wilvey appending upon the individual scale. Any commercis on the amount of time you require to complete that from a find the process of the amount of time you require to complete that from a node suggestions for reducing this burdon. About 50 is seen to the Chief Information Officer, U.S. Planet and Trademack Office. Descriptions of the Chief Information of th Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 Page 1 of 3

FTO 1380 (Re- 07 3005)
Approved for use through 31 (2007 ) M98 (300 )
U.S. Parent and Tractemack Office, U.S. DEPARTMENT OF COMMERCE
Under the Papermonk Reduction Act of 1995, no persons are required to respond to a collection of information unless displays a valid CMS correction and U.S. APPLICATION NO. (if known, see 37 CFR 1.5) INTERNATIONAL APPLICATION NO. ATTORNEY'S DOCKET NUMBER

| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)                                                  |                                                                                                           |                                                                                                                          | PCT/SE2004/001735                                                                                                |                                               | P19317-US2                               |              |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------|--------------|
| 20. Other                                                                                        | items or informati                                                                                        | on:                                                                                                                      |                                                                                                                  |                                               |                                          |              |
| The fel                                                                                          | lowing fees have b                                                                                        | ean submitted                                                                                                            |                                                                                                                  |                                               | CALCULATIONS                             | PTO USE ONLY |
|                                                                                                  |                                                                                                           |                                                                                                                          |                                                                                                                  | \$300                                         | \$ 300.00                                |              |
|                                                                                                  | nination fee (37 Cl                                                                                       |                                                                                                                          |                                                                                                                  |                                               |                                          |              |
| If the written opin                                                                              | nion prepared by IS<br>/US indicates all cl                                                               | SA/US or the internal                                                                                                    | ational preliminary examinations of PCT Article 33(1)-(4                                                         | )\$0                                          | \$ 200.00                                |              |
| If the written opin<br>IPEA/US<br>Search fee (37 C<br>Internati<br>International Sea<br>previous | indicates all clain<br>CFR 1.445(a)(2)) h<br>onal Searching Au<br>arch Report prepar<br>y communicated to | or the International<br>as satisfy provisions<br>as been pald on the<br>thorityed by an ISA other<br>to the US by the IB | preliminary examination residence of PCT Article 33(1)-(4) international application to than the US and provided | so the USPTO as an\$100 to the Office or\$400 | \$ 400.00                                |              |
|                                                                                                  | TOTAL OF 21, 22                                                                                           | 1 and 22 =                                                                                                               |                                                                                                                  |                                               | 900.00                                   |              |
| sequenc<br>electroni                                                                             | e listing in complia<br>ic medium) (37 CF                                                                 | nce with 37 CFR 1<br>R 1.492(j)).                                                                                        | in paper over 100 sheets (<br>.821(c) or (e) or computer<br>of paper or fraction thereof.                        | program listing in an                         |                                          |              |
| Total Sheets                                                                                     | Extra Sheets                                                                                              | Number of each additional 50 or fraction thereof (round up to a whole number)                                            |                                                                                                                  | RATE                                          |                                          |              |
| 40- 100 =                                                                                        | 050 =                                                                                                     |                                                                                                                          |                                                                                                                  | x \$250                                       | \$ 0.00                                  |              |
| Surcharge of \$1:<br>after the date of                                                           | 30.00 for furnishing<br>commencement of                                                                   | any of the search<br>the national stage                                                                                  | fee, examination fee, or th<br>(37 CFR 1.492(h)).                                                                | e oath or declaration                         | s                                        |              |
| CLAIMS                                                                                           | NUME                                                                                                      | ER FILED                                                                                                                 | NUMBER EXTRA                                                                                                     | RATE                                          | \$                                       |              |
| Total claims                                                                                     |                                                                                                           | 20-20=                                                                                                                   | 0                                                                                                                | x \$ 50                                       | \$ 0.00                                  |              |
| Indepondent clai                                                                                 | ms                                                                                                        | 4 - 3 =                                                                                                                  | 1                                                                                                                | x \$200                                       | \$ 200.00                                |              |
| MULTIPLE DEP                                                                                     | ENDENT CLAIM(S                                                                                            | ) (if applicable)                                                                                                        |                                                                                                                  | + \$360                                       | \$                                       |              |
|                                                                                                  |                                                                                                           |                                                                                                                          |                                                                                                                  | E CALCULATIONS =                              | s 1,100.00                               |              |
| Applicant cla                                                                                    | ims small entity st                                                                                       | atus. See 37 CFR                                                                                                         | 1.27. Fees above are redu                                                                                        |                                               |                                          |              |
|                                                                                                  |                                                                                                           |                                                                                                                          |                                                                                                                  | SUBTOTAL =                                    | \$ 1,100.00                              | 1            |
|                                                                                                  | of \$130.00 for furni<br>date (37 CFR 1.49                                                                |                                                                                                                          | ranslation later than 30 mor                                                                                     | nths from the earliest<br>+                   | s                                        |              |
|                                                                                                  |                                                                                                           |                                                                                                                          | TOTA                                                                                                             | L NATIONAL FEE =                              | \$ 1,100.00                              |              |
| , , , , , , ,                                                                                    |                                                                                                           |                                                                                                                          | .21(h)). The assignment m                                                                                        | ust be accompanied                            | s                                        |              |
| Fee for recording                                                                                |                                                                                                           | ignment (37 CFR 1<br>CFR 3.28, 3.31). \$4                                                                                |                                                                                                                  | +                                             |                                          |              |
| Fee for recording                                                                                |                                                                                                           |                                                                                                                          | 40.00 per property                                                                                               | FEES ENCLOSED =                               | \$ 1,100.00                              | )            |
| Fee for recording                                                                                |                                                                                                           |                                                                                                                          | 40.00 per property                                                                                               | FEES ENCLOSED =                               | \$ 1,100.00<br>Amount to be<br>refunded: | s            |

PEO 1308 (pp. 17.005)
Approved for use through 331/2007 OH8 69: 10305)
U.S. Patent and Trademark. Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1985, no parsons are required to respond to a collection of information unless it displays valid DNBs control un

| _                                                                                                                                                                                                              |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| а. 🔲                                                                                                                                                                                                           | A check in the amount of \$ to cover the above                                                                                                                                                                            | fees is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| ь. 🔽                                                                                                                                                                                                           | Please charge my Deposit Account No. <u>50-1379</u> in the amount of \$ _ A duplicate copy of this sheet is enclosed.                                                                                                     | 1,100.00 to cover the above fees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| c. 🔽                                                                                                                                                                                                           | The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1379 A duplicate copy of this sheet is enclosed.                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| d. 🗆                                                                                                                                                                                                           | Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status. |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:                                                                                                                                                                                    |                                                                                                                                                                                                                           | Sidney L. Weatherford                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
| 27045                                                                                                                                                                                                          |                                                                                                                                                                                                                           | SIGNATURE CITATION OF THE STATE |  |  |  |  |  |
| Ericsson, Inc.<br>6300 Legacy Drive<br>M/S EVR 1-C-11<br>Plano, TX 75024                                                                                                                                       |                                                                                                                                                                                                                           | Sidney L. Weatherford  NAME  45,602  REGISTRATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
| 972-583                                                                                                                                                                                                        | 3-7864 (facsimile)                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |